

Prescribing Directive; Fort McCoy Regulation 350-1

TO: COMMANDER Range Scheduling AFZR-FM-TMR-O 110 E. Headquarters Rd Fort McCoy, WI 54656-5226				FROM:				DATE:		
(1) Date Start/End	(2) Times Start/End	(3) Using Unit	(4) Unit Level	(5) UIC	(6) Component Type	(7) Primary Facility	(8) Alternate Facility	(9) Vehicles Wheel/Track	(10) Weapon System	(11) Type of Rounds
(12) Description of Training / Special Request										
(13) Approval for JOINT USE						(14) Number of Personnel to be trained				
(15) Name, Grade, Title & Phone# of POC						(16) Number of Personnel to be trained				
Special Instructions										
Special Instructions for completing this form. 1. Always list an alternate facility in block 8. 2. Request facilities only for dates that it will be used. 3. ALL numbered blocks that apply to your training must be filled in or the 38A will be rejected! 4. OP's must be requested when mortar or firing points are requested. 5. Range scheduling must be notified of all joint agreements. 6. All cancellations must be in writing or faxed to 608-388-3642.										